STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	LOUISIAN	VA	
	ELIGIBILITY	CONDITIO	ONS AND REQUIREMENTS
Citation(s)		Conditi	ion or Requirement
	A. Ge	neral Cor	nditions of Eligibility
	Ea	ch indivi	idual covered under the plan:
42 CFR Part 435, Subpart G	1.	standa	ancially eligible (using the methods and rds described in Parts B and C of this ment) to receive services.
42 CFR Part 435, Subpart F	2.	Meets (the applicable non-financial eligibility ions.
	a.	For the	e categorically needy:
		(i)	Except as specified under items A.2.a.(ii and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
		(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act		(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act		(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.
•			STATE APR v 6 1992 DATE REC'D MAY 1 4 1992

TN No. 13-09
Supersedes Approval Date MAY 14 1992 Effective Date APR 01 1992
TN No. 11-23

DATE EFF HCFA 179 APR 01 1992

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Citation		Condition or Requirement		
	b.	For the medically needy, meets the non-financial eligibility condition of 42 CFR Part 435.		
1905(p) of the Act	c.	For financially eligible qualified Medicare beneficiaries covered unde section 1902(a)(10)(E)(I) of the Act, meets the non-financial criteria of section 1905(p) of the Act.		
1905(s) of the Act	d.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).		
42 CFR 435.402 3.	Is res	siding in the United States and		
	a.	Is a citizen;		
P.L. 104-193	b.	Is a member of one of the following mandatory qualified alien groups		
		qualified aliens who were in the United States prior to August 2 1996, whether or not receiving Medicaid on that date; and a members of any of the following groups:		
LA REC'D 12-31-97		 lawful permanent residents to whom 40 qualifying quarters of Social Security can be credited; refugees until 7 years after the date of the alien's entinto the United States; asylees until 7 years after the grant of asylum; aliens who have had deportation withheld under section 243(h) of the INA until 7 years after the grant withholding; and honorably discharged veterans who fulfill the minimulactive-duty service requirements, aliens on active duty the United States armed forces, the spouse or unmarried dependent child(ren) of such individual, and the unremarried surviving spouse of a deceased honorable discharged veteran; 		
APPV'D 3-3-98 EFF 12-21-97 179 97-26	Α	aliens with Cuban or Haitian entrance status until 7 year from grant of status.		
		2) qualified aliens entering the United States on or after August 2		
TN No. <u>97-26</u> Supersedes		Approval Date $3-3-98$ Effective Date $12-21-$		

Citation	Condition or Requirement
	1006 who are markens of any of the faller in a real of
	1996, who are members of any of the following groups:
	refugees for 7 years from date of entry; asylees for 7 years from date of entry; aliens whose deportation has been withheld under section 423(h) of the INA for 7 years from grant of withholding honorably discharged veterans who fulfill the minimum active-duty service requirements, aliens on active duty in the United States' armed forces, the spouse or unmarried dependent child(ren) of such individuals, and the unremarried surviving spouse of a deceased honorably discharged veteran; aliens granted Cuban or Haitian entrance status until
	years from grant of status. 3) Native Americans born in Canada who have at least 50% Native
	American blood who enter and reside in the United States.
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individua maintains the residence permanently or maintains it at a fixed address.
	State has the interstate residency agreement with the following states:
	State has open agreement (s).
	Not applicable; no residency requirement.
	STATE
TN No. 98-01	Approval Date 3-18-98 Effective Date 5-11-9
TN No. 70 07 Supersedes TN No. 97-3	<u> </u>

Revision: HCFA-PM-91-8 (MB)

March 1992

ATTACHMENT 2.6-A

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					Page	3a	

State/Territory: LOUISIANA

Citation

Condition or Requirement

42 CFR 435.1008

5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, * intermediate gare facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act

- b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
 - Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145 1912 of the Act

6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

*nursing facilities and intermediate care facilities for the mentally retarded.

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Approval Date

Effective Date

TN NO. 91-23

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State/Territory: LOUISIANA

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

 $\frac{/X}{}$ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).

TN No. 91-34 Supersedes Approv	al Date	4/23/92	Effective Date	11/5/90
TN No. 91-23		, ,		

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DATE REC'D 12-30-91

DATE APPV'D 4-23-92

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Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 3b

OMB No.: 0938-

State: LOUISIANA

Citation Condition or Requirement 1902(c)(2) 8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act. 1902(e)(10)(A) 9. Is not required, as an individual child or pregnant and (B) of the woman; to meet requirements under section 402(a)(43) Act of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 9-23 Supersedes TN No. 100/a

Approval Date APR 02 1992

Effective Date OCT 01 1991

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Revision: HCFA-PM-91-8

October 1991

(MB)

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Page 3c

OMB No.: 0938-

State/Territory: ____

LOUISIANA

Condition or Requirement

1906 of the Act

Citation

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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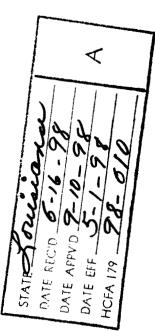
Revision

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4 OMB No.:0938-0673

State: LOUISIANA

Citation		Condition or Requirement			
В.	Posteligibility Treatment of Institutionalized Individuals' Incomes				
	1. T	the following items are not considered in the osteligibility process:			
1902(o) of the Act	a.	SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.			
Bondi v Sullivan (SSI)	b.	Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.			
1902(r)(1) of the Act	C.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).			
105/206 of P. L. 100-383	d.	Japanese and Aleutian Restitution Payments.			
1. (a) of P.L. 103-286	e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).			
10405 of P.L. 101-239	f.	Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)			
6(h)(2) of P.L. 101-426	g.	Radiation Exposure Compensation.			
12005 of P. L. 103-66	h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.			



TN No. 98-10 Supersedes

Approval Date 9-10-98 Effective Date 5-1-98

TN No. 93-26

Revision:

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4a OMB No.:0938-0673

State: LOUISIANA

Citation

Condition or Requirement

1924 of the Act 435.725 435.733 435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled: Individuals \$ 38.00 Couples \$ 76.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above, lists the criteria to be met, and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related: Children \$___30.00 Adults \$ 30.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need, describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A. \$ 30.00

TN No. Supersedes

Approval Date 9-10-98 Effective Date 5-1-98

TN No.

Revision:

HCFA-PM-97-2 December 1997 ATTACHMENT 2.6-A Page 4b OMB No :0938-0673

State:	T OTT T O T 4 3 T 4
Viate.	LOUISIANA

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

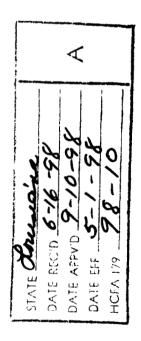
1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in \$1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in \$1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.



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TN No SUPERSEDES: NONE NEW PAGE

